


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

7/13/

**FILED**  
**Jul 29, 2004 8:00 am**  
**Secretary of State**

07-13-2004 90001 004 \*\*\*150.00

<b>DOCUMENT # P03000051833</b>					
<b>1. Entity Name</b> FLORIDA OBESITY SURGICAL ASSOCIATES, P.A.					
<b>Principal Place of Business</b> 37840 MEDICAL ARTS CT. ZEPHYRHILLS, FL 33541-4325			<b>Mailing Address</b> 37840 MEDICAL ARTS CT. ZEPHYRHILLS, FL 33541-4325		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		<b>4. FEI Number</b> 59-1170679	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
MURPHY, DAVID J ESQ. 14217 THIRD ST. DADE CITY, FL 33523				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. GROSSBARD, LEE J 37840 MEDICAL ARTS CT. ZEPHYRHILLS, FL 335414325		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>			<b>SIGNATURE:</b> <i>L. Grossbard, M.D.</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 07/10/2004		Daytime Phone #: 813-788-5569

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06302004 Chg-P CR2E034 (10/03)

Applied For  
Not Applicable

FL